POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*D. B.*	*222339*	*9-7-00*
O.I.P.E. CLASSIFIER		*48*	*9/13/00*
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	Jw	*CMB30*	*10-21*

INDEX OF CLAIMS

✔	..... Rejected		N	.....	Non-elected
=	..... Allowed		I	.....	Interference
—	(Through numeral)... Canceled		A	.....	Appeal
÷	..... Restricted		O	.....	Objected

Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original	
				51			101	
				52			102	
				53			103	
				54			104	
				55			105	
				56			106	
				57			107	
				58			108	
				59			109	
				60			110	
				61			111	
				62			112	
				63			113	
				64			114	
				65			115	
				66			116	
	17			67			117	
	18			68			118	
	19			69			119	
	20			70			120	
	21			71			121	
	22			72			122	
	23			73			123	
	24			74			124	
	25			75			125	
	26			76			126	
	27			77			127	
	28			78			128	
	29			79			129	
	30			80			130	
	31			81			131	
	32			82			132	
	33			83			133	
	34			84			134	
	35			85			135	
	36			86			136	
	37			87			137	
	38			88			138	
	39			89			139	
	40			90			140	
	41			91			141	
	42			92			142	
	43			93			143	
	44			94			144	
	45			95			145	
	46			96			146	
	47			97			147	
	48			98			148	
	49			99			149	
	50			100			150	

If more than 150 claims or 10 actions
staple additional sheet here

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